PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

CLAIMS AS FILED - PART I

Application or Docket Number

05793.3114

(Column 1) (Column 2)								SMALL ENTITY TYPE			OR SMALL ENTITY		
TOTAL CLAIMS					(00.0		. г	RATE	FEE	Un 7	RATE	FEE	
			93				 		1	-		 	
FOR			NUMBER FILED		NUMB	BER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			93 minus 20=		* 73	* 73		X\$ 9=		OR	X\$18=	1314	
INDEPENDENT CLAIMS			6 minus 3 =		ء	3		X43=		OR	X86=	758	
MU	JLTIPLE DEPEN	NDENT CLAIM PI	RESENT					+145=		OR	+290=		
* If	the difference	e in column 1 is	less than ze	ero, enter	"0" in c	olumn 2	L	TOTAL		OR	TOTAL	1142	
CLAIMS AS AMENDED - PART II								•		ā	OTHER		
		(Column 1)	mn 2)	(Column 3)	_	SMALL E	ENTITY	OR	SMALL E				
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDM	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=		X43=		OR	X86=		
لنا	FIRST PHESE	ENTATION OF MU	JLTIPLE DEF	ENDEN	CLAIM			+145=		OR	+290=		
		L ^′	TOTAL			TOTAL							
		(Column 1)		(Colum	AL	DDIT. FEE] - ,	ADDIT. FEE				
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
\ME	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENT	CLAIM		-				220		
								+145=		OR	+290=		
				AD	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE					
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER OUSLY	PRESENT EXTRA			ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
S N N	Total	*	Minus	**		=	, :	X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									ı			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=		
**	If the "Highest Nur	mber Previously Pa mber Previously Pa	uid For IN THIS	S SPACE is	less than	n 20, enter "20."	AD	TOTAL DIT. FEE		OR ,	TOTAL ADDIT. FEE		
		nber Previously Paid					found	in the appr	ropriate box	in coli	umn 1.		